

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36522**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>5303</b>		Registrar's No. <b>266</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 6 miles west Jefferson</b>		0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>6 miles west jefferson city</b>				d. STREET ADDRESS (If rural, give location) <b>City mo</b>			
3. NAME OF DECEASED a. (First) <b>Margaret Young Erhart</b> (Type or Print)				b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>Nov. 28, 1950</b>				5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>				8. DATE OF BIRTH <b>May 2, 1924</b>		9. AGE (In years last birthday) <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (State or foreign country) <b>Sydney Australia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>8</b>				13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Young</b>	
14. NAME OF HUSBAND OR WIFE <b>Alexander W. Erhart</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Alexander Erhart, Jefferson City, mo</b>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Burned to death</b>		INTERVAL BETWEEN ONSET AND DEATH <b>59/60</b>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson City Cole Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-28-1950 2:30 a.m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>House burned</b>		21g. DATE OF OPERATION <b>026</b>		21h. MAJOR FINDINGS OF OPERATION	
22. I hereby certify that I attended the deceased from <b>Dead when visited</b> , 19 <b>11-28</b> , that I last saw the deceased alive on <b>Nov. 28</b> , 19 <b>50</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.				23a. SIGNATURE <b>J. L. Koshick (Coroner)</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Jefferson City, Mo</b>	
23c. DATE SIGNED <b>11-29-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 29, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverside Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo</b>		24e. DATE REC'D BY LOCAL REG. <b>Nov. 29-1950</b>		24f. REGISTRAR'S SIGNATURE <b>R. P. Davis MD - MR. 68</b>		24g. FUNERAL DIRECTOR'S SIGNATURE <b>Victor Buesch</b> ADDRESS <b>Jefferson City</b>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

12/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 12/2/51

SEP 21 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed Billy Lloyd Shankelford  
Student Embalmer

Signed

Student Embalmer No. 389

Licensed Embalmer No. 3701

P. O. Address Jefferson City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.